

**JOPLIN EAGLE FOOTBALL CAMPS
REGISTRATION FORM**

Name _____
Address _____ City _____
State _____ Zip _____
Phone Number _____
Parent or Guardian Name _____
Emergency Contact _____
Number _____
2017-18 Year in School _____ Age _____ Date of Birth _____
Shirt Size _____ (Specify Child or Adult Size)
Parent E-Mail _____

Camp Attending

Youth Camp July 10-12 6pm-8pm _____
Middle School Camp July 10-12 4pm-6pm _____

Insurance Information

Insurance Provider _____
Policy Number _____
Policy Holders Name _____

Parent/Guardian Signature for release from liability:

Parent/Guardian Signature

RETURN TO
Curtis Jasper
Joplin Athletic Office
2104 Indiana Avenue
Joplin, MO 64804
(660) 998-0411

**JOPLIN EAGLE
FOOTBALL CAMPS**



**YOUTH CAMP
JULY 10-12
6pm-8pm**

**MIDDLE SCHOOL CAMP
JULY 10-12
4pm-6pm**

Both Camps Are FREE

Forms are required for contact/insurance information and t-shirt sizes. Forms may be turned in early to the athletic office or simply turned in on-site immediately prior to the first camp session.